SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger		
3.	Commercial Liability Other Than Auto		
3. 4.	Burglary and Theft		
4. 5.	Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	\$1,047,486	-0.6%
15.	Other		**** =
	Line of Insurance		
Does fi No.	iling only apply to certain territory (t	erritories) or certain classes? If so, specify:	

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

ACE Property and Casualty Insurance Company

Roshby

Name of Company

Chairman of the Board, Rain and

Hail L.L.C.

Official – Title

SUMMARY SHEET

	Change in Company's premium or rat	e level produced by rate revision effective	01/13/2015
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	\$1,655,538	-0.6%
15.	Other		
	Line of Insurance		
Does f		erritories) or certain classes? If so, specify:	
110.			·
Daine	decomination of filing (If filing follows	retor of an advisory organization, enceify	prognization):
	ive revised the rates for our Crop-Hai	s rates of an advisory organization, specify of	nganizationj.
W C III	ive revised the rates for our Crop-Har	i program.	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Agri General Insurance Company
Name of Company

Residence (Chairman of the Board, Rain and

Hail LLC

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private	Volumo (minors)	- Only (· or)
Passenger		
Commercial		
Automobile Physical Damag	4-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity	<u> </u>	
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners	·····	
Commercial Multi-Peril		
Crop Hail	562,539	11.03%
Other		
Line of Insurance		
Does filing only apply to certa	in territory (territories) o	r certain
Classes? If so,	,	
specify: No No		
		· · · · · · · · · · · · · · · · · · ·
Brief description of filing. (If f	iling follows rates of an a	advisory
Organization, specify		
organization):	Updating rates based on	2015 NCIS Final Average Loss Cos
an our updated ALR.		
*Adjusted to reflect all prior ra	te changes	
**Change in Company's pren		ult from application of new
rates.		
	Hudson Insurance	e Company
		ame of Company
		/Named Peril Manager
	·	Official - Title

1.

2

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

| Change in Company's premium effective 01/05/2014 (1) | m or rate level produced | I by rate revision (3) |
|---|------------------------------|--|
| , | Annual Premium | Percent |
| Coverage | Volume (Illinois) * | Change (+or-) ** |
| Automobile Liability Private | | |
| Passenger | | |
| Commercial | | |
| Automobile Physical Damag | | |
| Private Passenger | | · · · · · · · · · · · · · · · · · · · |
| Commercial | | |
| Liability Other Than Auto | | |
| Burglary and Theft | | |
| Glass | | |
| Fidelity | | |
| Surety | | |
| Boiler and Machinery | | |
| Fire | | |
| Extended Coverage | | |
| Inland Marine | | |
| Homeowners | | |
| Commercial Multi-Peril | | |
| Crop Hail | \$5,276,877 | 10% |
| Other | | |
| Line of Insurance | | |
| Does filing only apply to certain Classes? If so, | in territory (territories) o | r certain |
| specify: No | | |
| | | |
| Brief description of filing. (If fi | ling follows rates of an a | advisory |
| Organization, specify | | |
| organization): | | izing the National Crop Insurance Service's FALC |
| along with our company loss experience. | | |

NAU Country Insurance Company

Name of Company

Luke Anderson - Crop Hail Services Specialist

Official - Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET

| | | (1) | (2) | (3) |
|--|--------------------|---|--|---|
| Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: No. Prief description of filing. (If filing follows rates of an advisory organization, specify organization): (e have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Name of Company | | Coverage | Annual Premium Volume (Illinois)* | Percent <u>Change (+ or -)**</u> |
| Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance 16. Other Coes filing only apply to certain territory (territories) or certain classes? If so, specify: No. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company * Report Automobile Private Part Automobile Private Part Part Part Part Part Part Part Part | 1. | Automobile Liability | | |
| 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: No. The description of filing. (If filing follows rates of an advisory organization, specify organization): the have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Name of Company Name of Company | | Private Passenger | | |
| Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance ses filing only apply to certain territory (territories) or certain classes? If so, specify: No. ief description of filing. (If filing follows rates of an advisory organization, specify organization): e have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Name of Company Chairman of the Board, | | | | |
| Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: No. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Rame of Company Rame of Company Rame of Company Chairman of the Board, | 2. | | | |
| 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance best filing only apply to certain territory (territories) or certain classes? If so, specify: No. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Rame of Company Name of Company Chairman of the Board, | | | | |
| 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance bes filing only apply to certain territory (territories) or certain classes? If so, specify: No. ief description of filing. (If filing follows rates of an advisory organization, specify organization): e have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Name of Company Chairman of the Board, | _ | | | |
| 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance bes filing only apply to certain territory (territories) or certain classes? If so, specify: No. ief description of filing. (If filing follows rates of an advisory organization, specify organization): the have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Name of Company Chairman of the Board, | | | | |
| 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other 15. Line of Insurance 16. Line of Insurance 16. Line of Insurance 17. Line of Insurance 18. Line of Insurance 18. Line of Insurance 19. Line of Insu | | | | |
| 7. Surety 8. Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance bes filing only apply to certain territory (territories) or certain classes? If so, specify: No. 1. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Name of Company Name of Company Name of Company Chairman of the Board, | | | | |
| 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: No. Dief description of filing. (If filing follows rates of an advisory organization, specify organization): e have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Name of Company Chairman of the Board, | | | | |
| 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: No. Prief description of filing. (If filing follows rates of an advisory organization, specify organization): ** Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Rame of Company Chairman of the Board, | | * | | |
| 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Description of filing. (If filing follows rates of an advisory organization, specify organization): The have revised the rates for our Crop-Hail program. * Adjusted to reflect all prior rate changes. * Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Name of Company * Name of Company Chairman of the Board, | | | | |
| 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Des filing only apply to certain territory (territories) or certain classes? If so, specify: No. Prief description of filing. (If filing follows rates of an advisory organization, specify organization): he have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Rame of Company Chairman of the Board, | | | | |
| 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Destiling only apply to certain territory (territories) or certain classes? If so, specify: No. Prief description of filing. (If filing follows rates of an advisory organization, specify organization): The have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Name of Company Chairman of the Board, | | - | | |
| 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Destining only apply to certain territory (territories) or certain classes? If so, specify: No. Trief description of filing. (If filing follows rates of an advisory organization, specify organization): The have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Report Line Chairman of the Board, | | | | |
| 4. Crop Hail 5. Other Line of Insurance Description of filing. (If filing follows rates of an advisory organization, specify organization): The have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Name of Company Chairman of the Board, | | | | |
| Line of Insurance bes filing only apply to certain territory (territories) or certain classes? If so, specify: No. ief description of filing. (If filing follows rates of an advisory organization, specify organization): e have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Rame of Company Chairman of the Board, | | | \$386,659 | -0.6% |
| Line of Insurance less filing only apply to certain territory (territories) or certain classes? If so, specify: No. lief description of filing. (If filing follows rates of an advisory organization, specify organization): le have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Rame of Company Chairman of the Board, | | | <u> </u> | 0.070 |
| the filing only apply to certain territory (territories) or certain classes? If so, specify: No. In the filing follows rates of an advisory organization, specify organization): In the have revised the rates for our Crop-Hail program. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. State Farm Fire and Casualty Company Name of Company Chairman of the Board, | ٠. | | | |
| State Farm Fire and Casualty Company Name of Company Chairman of the Board, | | • | ermones) of certain classes: 11 so, specify | • |
| Name of Company Chairman of the Board, | No. | description of filing. (If filing follow
we revised the rates for our Crop-Hai
djusted to reflect all prior rate change
hange in Company's premium level w | s rates of an advisory organization, specify il program. | |
| Name of Company Chairman of the Board, | No. | description of filing. (If filing follow
we revised the rates for our Crop-Hai
djusted to reflect all prior rate change
hange in Company's premium level w | s rates of an advisory organization, specify il program. | |
| Name of Company Chairman of the Board, | No. | description of filing. (If filing follow
we revised the rates for our Crop-Hai
djusted to reflect all prior rate change
hange in Company's premium level w | s rates of an advisory organization, specify il program. | |
| Chairman of the Board, | No. | description of filing. (If filing follow
we revised the rates for our Crop-Hai
djusted to reflect all prior rate change
hange in Company's premium level w | s rates of an advisory organization, specify
il program.
es.
vhich will | organization): |
| Chairman of the Board, | No. | description of filing. (If filing follow
we revised the rates for our Crop-Hai
djusted to reflect all prior rate change
hange in Company's premium level w | s rates of an advisory organization, specify
il program.
es.
which will | organization): Farm Fire and Casualty |
| Chairman of the Board, | No. ief of had A C | description of filing. (If filing follow
we revised the rates for our Crop-Hai
djusted to reflect all prior rate change
hange in Company's premium level w | s rates of an advisory organization, specify
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which will | organization): Farm Fire and Casualty |
| Chairman of the Board, | No. ief of had A C | description of filing. (If filing follow
we revised the rates for our Crop-Hai
djusted to reflect all prior rate change
hange in Company's premium level w | s rates of an advisory organization, specify
il program.
es.
which will | organization): Farm Fire and Casualty |
| | No. ief c e ha | description of filing. (If filing follow
we revised the rates for our Crop-Hai
djusted to reflect all prior rate change
hange in Company's premium level w | s rates of an advisory organization, specify il program. es. which will State Comp | organization): Farm Fire and Casualty Dany Name of Company |
| Rain and Hail L.L.C. | No. rief c e ha | description of filing. (If filing follow
we revised the rates for our Crop-Hai
djusted to reflect all prior rate change
hange in Company's premium level w | s rates of an advisory organization, specify il program. es. which will State Comp | organization): Farm Fire and Casualty Dany Name of Company |
| | No.
ief de ha | description of filing. (If filing follow
we revised the rates for our Crop-Hai
djusted to reflect all prior rate change
hange in Company's premium level w | s rates of an advisory organization, specify il program. es. which will State Comp | Farm Fire and Casualty Soany Name of Company The man of the Board, |
| Official – Title | No. | description of filing. (If filing follow
we revised the rates for our Crop-Hai
djusted to reflect all prior rate change
hange in Company's premium level w | s rates of an advisory organization, specify il program. es. which will State Comp | Farm Fire and Casualty Soany Name of Company The man of the Board, |